

CITY OF SCOTTSDALE LIQUOR LICENSE APPLICATION

TC-2020

Customer Service

Office locations - 7447 E. Indian School Road
Suite 110
Scottsdale, Az. 85251-4468
9379 E. San Salvador Dr, Suite 100
Scottsdale, Az. 85258
Telephone - (480) 312-2400



\$ _____
Liquor Application Fee

TAX AND LICENSE REGISTRATION

DO NOT SEND CASH
Make Checks Payable To: City of Scottsdale

OFFICE USE ONLY

ACCOUNT # _____ COUNCIL APPROVAL DATE: _____ ZONING INITIAL: _____
SCOTTSDALE SERIES #: _____ STATE LIQUOR LICENSE #: _____ STATE SERIES #: _____
COMMENTS: _____

STATE PRIVILEGE LICENSE #: _____
SCOTTSDALE PRIVILEGE LICENSE #: _____ STATE DATE: _____
NEW OWNER OF EXISTING BUSINESS NAME ☐ OR NEW BUSINESS ☐ NEW CORPORATION OR PARTNERSHIP ☐
IF APPLICABLE: PREVIOUS BUSINESS NAME _____
SCOTTSDALE LIQUOR LICENSE #: _____ PRIVILEGE LICENSE #: _____

BUSINESS NAME, BUSINESS LOCATION, BUSINESS TELEPHONE

_____ Area Code _____ Business Telephone No. _____
BUSINESS NAME (Individual, Company or "DBA", first name first)
_____ STREET NO. (N,E,S,W) _____ STREET NAME _____ Type _____ STE./APT. NUMBER _____
_____ City _____ State _____ ZIP _____ (ST.DR.AV.)

BUSINESS MAILING ADDRESS, EMERGENCY TELEPHONE AND APPLICANT NAME

_____ P.O. BOX NO./ (N,E,S,W) _____ STREET NAME _____ Type _____ STE./APT. NUMBER _____
STREET NO. _____ City _____ State _____ ZIP _____ Area Code _____ Emergency Number _____
AGENT/APPLICANT NAME (Individual or Corporation/Partnership operating business. (First name First) _____

BUSINESS OWNERSHIP AND RECORD LOCATION

1. TYPE OF OWNERSHIP: INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION ☐
ARIZONA INC. DATE: _____ STATE REGISTRATION DATE IF FOREIGN CORP.: _____
2. NAME OF OWNER, PARTNER(S)
MANAGERS OR OFFICERS TITLE BIRTH DATE HOME ADDRESS SOC. SEC. # HOME PHONE

LIST ALL PRIOR BUSINESS OR EMPLOYMENTS FOR THE PAST 10 YEARS INCLUDING TITLES, ADDRESSES, CITY AND STATE. _____

3. LOCATION WHERE RECORDS ARE KEPT IF NOT AT BUSINESS:
NAME _____ ADDRESS _____ PHONE: _____

BUSINESS PREMISES STATUS

11. CHECK ONE: A) Do you own your business premises? Yes ☐ No ☐
12. CHECK ONE: A) Do you rent your business premises from another party? Yes ☐ No ☐
B) If yes, Landlord's Name _____ Address _____ Phone _____
C) Will Landlord have an interest in the business? Yes ☐ No ☐

I CERTIFY THAT THE INFORMATION AND STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AM AWARE THAT FURNISHING FALSE INFORMATION, OR TO WITHHOLD INFORMATION ON THIS APPLICATION, IS SUFFICIENT CAUSE TO DENY THE ISSUANCE OF A LICENSE TO ME. APPLICATION FEES ARE NON-REFUNDABLE AND INCOMPLETE APPLICATIONS MAY NOT BE PROCESSED.

RETURN ALL COPIES

Date: _____

SIGNATURE OF OWNER, PARTNER OR OFFICER _____